EXHIBIT C

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada				
	PROOF OF CLAIM				
Name of Debtor USA Commercial Mortgage Company					
North The County of the County	Case Number 06-10725-LBR				
NOTF This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone else has filed a proof of claim relating to				
debtor owes maney or property) Gold Plated LLC, Dwight W Harouff, Manager	your claim Attach copy of statement				
	giving particulars				
Name and address where notices should be sent	Check box if you have never received any notices from the bankruptcy court in this				
Dwight W & Mary Ann Harouff 5680 Ruffian Road	case				
Las Vegas, NV 89149	Check box if the address differs from the address on the envelope sent to you by				
Telephone number (702) 873-6688	the court.	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor	Check here replaces if this claim amends a previously filed of	Norm dated			
1 Basis for Claim	Retiree benefits as defined in 11 l Wages salaries and compensatio				
Goods sold Services performed	Last four digits of your SS #	mi (IIII out octow)			
Money loaned	Unpaid compensation for service	es performed			
Personal injury/wrongful death	fromto_				
Other See Exhibit A	(date)	(date)			
2. Date debt was incurred June, 2005	3. If court judgment, date obtained				
Julie, 2003					
4 Classification of Claim. Check the appropriate box or boxes the	nat best describe your claim and state the amount of	the claim at the time case filed			
See reverse side for important explanations Unsecured Nonpriority Claim \$ 752,859 27	Secured Claim				
	Check this box if your claim is se	ecured by collateral (including			
Check this box it a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	a right of setoff)				
only part of your claim is entitled to priority	Brief Description of Collateral	. 🖂			
Unsecured Priority Claim	Real Estate Motor Veh	<u></u> J			
Check this box if you have an unsecured claim all or part of ventitled to priority	vnich is				
Amount entitled to priority \$	Amount of arrearage and other charges secured claim if any \$_11,018.75	s <u>at time case filed</u> included in			
Specify the priority of the claim	Up to \$2 225* of deposits toward purcha or services for personal family, or house	ase lease or rental of property shold use - 11 U S C			
Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)	or § 507(a)(7)				
Wages salaries or commissions (up to \$10,000) * corned with	Taxes or penalties owed to governmental	l umts - 11 U S C § 507(a)(8)			
days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C § 507(a)(4)	or's Other - Specify applicable paragraph of	11 U S C § 507(a)()			
		7 and every 3 years thereafter			
Contributions to an employee benefit plan - 11 USC \$ 507(2	(No.)				
5 Total Amount of Claim at Time Case Filed	\$ 752859 27	752,859 27			
Check this box if claim includes interest or other charges in ad-	(unsecured) (secured) (priodition to the principal amount of the claim Attach it	ority) (Total) temized statement of all			
interest or additional charges					
6. Credits The amount of all payments on this claim has beer making this proof of claim	r credited and deducted for the purpose of Till	IS SPACE IS FOR COURT USE ONLY			
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase					
orders invoices itemized statements of running accounts, contracts, court judgments mortgages, security					
agreements and evidence of perfection of lien DO NOT SEN	D ORIGINAL DOCUMENTS If the				
documents are not available explain. If the documents are volu 8 Date-Stamped Copy To receive an acknowledgment of the fi	minous attach a summary				
addressed envelope and copy of this proof of claim	anng or your claim, enclose a stamped self-	JAN 1 0 2007			
Date Sign and print the name and title if any, of	the creditor or other person authorized to	•			
file this claim (attach copy of power of atta	rney if any)				
2 wight Harons	Dwight W Harouff, Manager	LISA CMO			
Penalty for mesanting freudulant class Fine - Fine		USA CMC			
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	imprisonment for up to 5 years or both 18 U.S.	1072501964			

FORM B10 (Official Form 10) (10/05)

	BANKRUPTCY COURT	D	ISTRICT OF Nevada	a	
Name of Debtor USA Commercial Mortgage Company Case Number 06-10725-LBR			PROOF OF CLAIM		
	hould not be used to make a claim for an administrative expense ma				
Name of Creditor (*dubtor owes, money Michael	The person or other entity to whom the or property) el John Goodwin	el y	heck box if you are awai se has filed a proof of clour claim. Attach copy of twing particulars	aim relating to of statement	
Name and address Michael Goodw 555 Yellow Pine		no ca	heck box if you have ne- ptices from the bankrupt use.	tcy court in this	
Reno, NV 8951 Telephone number	1	ac	heck box if the address of ddress on the envelope so he court.		THIS SPACE IS FOR COURT USE ONLY
Last four digits of a identifies debtor	account or other number by which creditor		heck here this claim amends	a previously file	d claım dated. 12/7/06
✓ Money	sold s performed		Wages salarie Last four digit Unpaid compo	es, and compensa ts of your SS # _ ensation for serv	
✓ Other -2. Date debt w		3	. If court judgment	t, date obtained	
See reverse side Unsecured Nonp Check this be by your claim exce	of Claim Check the appropriate box or boxes the for important explanations priority Claim \$ 505,538 20 ox if a) there is no collateral or lien securing you eds the value of the property securing it, or if c) claim is entitled to priority	r claım	or a right of setoff) Secured Claim Check this bearight of setoff) Brief Descrip	ox if your claim is	s secured by collateral (including
Unsecured Priori Check this be entitled to priority Amount entitled to	x if you have an unsecured claim all or part of v	vhich is	✓ Real Esta Value of Col Amount of arreara, secured claim, if a	llateral \$ <u>unl</u>	known ges at time case filed included in
Specify the priority of		· _	or services for person § 507(a)(7)	nal family, or ho	chase, lease, or rental of property usehold use - 11 U S C
days before filing of business whichever	s, or commissions (up to \$10,000),* earned withing the bankruptcy petition or cessation of the debt is earlier - 11 U.S.C. § 507(a)(4) to an employee benefit plan - 11 U.S.C. § 507(a)	ors L	Other - Specify appli Amounts are subject to	icable paragraph adjustment on 4/1	ntal units - 11 USC § 507(a)(8) of 11 USC § 507(a)() 1/07 and every 3 years thereafter or after the date of adjustment
	nt of Claim at Time Case Filed.	,,,,,		5,538 20 (secured) (r	505,538 20 priority) (Total)
Check this box interest or addi	if claim includes interest or other charges in additional charges.	lition to		f the claim. Attac	priority) (Total) h itemized statement of all
6. Credits The making this pro-	e amount of all payments on this claim has been of of claim	credited	d and deducted for the p	purpose of	This Space is for Court Use Only
orders invoices agreements and documents are i	temized statements of running accounts control evidence of perfection of lien. DO NOT SEN total activately accounts accounts to the control of the documents are volumed to the control of the documents are voluments.	acts, cou D ORIC minous	rt judgments, mortgage GINAL DOCUMENTS attach a summary	s, security . If the	USA CMC
addressed envel	Copy To receive an acknowledgment of the fi ope and copy of this proof of claim.				FILED JAN 1 9 37
1/8/07	Sign and print the name and title, if any of file this claim (attach copy of power of attor	the credi mey, if a	tor or other person auth my)		
170707				I.F	TLED JAN 12 2007

MINITED STATES BANKRUPTOV COURT DISTRICT OF NEVAUA	PR€	OF OF CLAIM		MIS SCHED!	
	Coss No	mhor	Schedule/Claim ID	M IS SCHEDULED AS s31566	
Name of Debtor	Case Nu		Amount/Classification		
USA Commercial Mortgage Company	06-107	25-LBR	\$3 494 91 Unsecure	d	
NOTE See Reverse for List of Debtors and Case Numbers					
This form should not be used to make a claim for an administrative exp	pense	Check box if you are			
arising after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating	The amounts reflecte	d above constitute your claim as	
Name of Creditor and Address GREGORY J WALCH AND SHAUNA M WALCH FAMILY TRUST DATED 11/12/04 C/O GREGORY J WALCH TRUSTEE	00917		scheduled by the Det you agree with the an other claim against th this proof of claim EX If the amounts show	or dove considereyout cannot a filed claim. If nounts set forth herein and have no ne Debtor you do not need to file (CEPT as stated below on above are listed as Contingent, puted, a proof of claim must be	
344 DOE RUN CIR			filed	puteu, a proof of claim must be	
HENDERSON, NV 89012-2704		Check box if this address differs from the address on the		dy filed a proof of claim with the	
Creditor Telephone Number #42) 6/4 /07/40		envelope sent to you by the court	l ' '	BMC you do not need to file again IS FOR COURT USE ONLY	
Creditor Telephone Number #02) 260 -07 49 Last four digits of account or other number by which creditor identifies	debtor	I ronlo		10 / OH OODHI OOL OHL!	
The state of the s		Check here replace or if this claim amer	 a previously fr 	led claim dated	
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death	-	salaries and compensation ((fill out below)	Other claims against servicer (not for loan balances)	
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		digits of your SS #	afarma ad form	breaker of service	
Money loaned to Other (describe briefly) 3d parties	Unpaid c	ompensation for services pe	riormea trom	(date) to speemen	
2 DATE DEBT WAS INCURRED See attached schedule	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(uate)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				me case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) y	our claim	A	our claim is secure	d by collateral (including	
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ır claım ıs	a right of setoff) Brief description of	Colleteral		
UNSECURED PRIORITY CLAIM		Real Estate		Other	
Check this box if you have an unsecured claim all or part of which is		Value of Collateral			
entitled to priority Amount entitled to priority \$				t time capa filed included in	
Specify the priority of the claim		secured claim if any		t time case filed included in	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease or	r rental of property or	
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family o	r household use 11 L	JSC § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go			
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L_	Other Specify applicable para Amounts are subject to adjus	• .		
		with respect to cases commen		te of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ \$	500,0			\$	
* See schedule (unsecured)	,	secured)	(priority)	(Total)	
Check this box if claim includes interest or other charges in addition to the			 		
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim See Schedule 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be ser	nt by mail	or hand delivered (FAXES	NOT I	THIS SPACE FOR COURT	
ACCEPTED) so that it is actually received on or before 5 00 pn for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO BMC Group	n, prevailii corporatio	ng Pacific time, on Novembons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	per 13, 2006 and	USE ONLY	
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Center	er FIL	ED OCT 3 1 2006	
P O Box 911 El Segundo CA 90245 0911		t Franklin Avenue do CA 90245			
DATE SIGN and print the name and title if any of the	e creditor or			USA CMC	
10/30/06 this claim attach copy of power of attorn	_	regary Tirald	Trutes	1072500868	

UNITED STATES BANKRUPTCY COURT DE	ntered 05/09/11 15:2	TITE Lage 2 OLIT
DISTRICT OF NEVADA	OOF OF CLAIM	
Name of Debtor Case I	lumber	
USA COMMERCIAL MORTGAGE OG	-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers		
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an	Check box if you are aware that anyone else has	
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address	statement giving particulars	
SUZE HARRINGTON, AN UNMARRIED WOMAN	Check box if you have	
2131 CONNOR PARK CV	never received any notices from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAIM FOR A
SALT LAKE CITY UT 84109-2468	BMC Group in this case	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
	Check box if this address differs from the address on the	If you have already filed a proof of claim with the
On the Talantees Number (CO) (102 022)	envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Creditor Telephone Number (80) 487-9336 Last four digits of account or other number by which creditor identifies debtor		
6144	Check here replace or or amen	a previously filed claim dated
	e benefits as defined in 11 U S	C § 1114(a) Unremitted principal
1 1 O a market and 1 1 Taylor	salanes, and compensation (for digits of your SS #	fill out below)
	compensation for services per	formed from to
	COURT UIDCMENT DATE O	(date) (date)
2 DATE DEBT WAS INCURRED 7/0/05 3 IF 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best de	COURT JUDGMENT, DATE O cribe your claim and state the amou	
	SECURED CLAIM	
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 304, 534 Check this boy if a) there is no collateral or lien securing your claim or b) your claim.	Check this hox if yo	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim	a right of setoff)	
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of	
Check this box if you have an unsecured claim all or part of which is	☑ Real Estate	☐ Motor Vehicle ☐ Othr
entitled to priority	Value of Collateral	\$ UKKNOWN
Amount entitled to priority \$	Amount of arrearage ar secured claim if any	nd other charges <u>at time case filed</u> included in \$ <u></u> 4,534,25_
1		
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Lie to \$2 225* of deposite tour	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days		ard purchase lease or rental of property or ir household use 11 U S C § 507(a)(7)
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	services for personal family of Taxes or penalties owed to go	ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8)
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family of Taxes or penalties owed to go Other Specify applicable para * Amounts are subject to adjust	ard purchase lease or rental of property or in household use 11 U S C § 507(a)(7) evernmental units 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) () street on 4/1/07 and every 3 years thereafter
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	services for personal family of Taxes or penalties owed to go Other Specify applicable para * Amounts are subject to adjust with respect to cases comments.	ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) () street on 4/1/07 and every 3 years thereafter aced on or after the date of adjustment
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Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	services for personal family of Taxes or penalties owed to go Other Specify applicable para * Amounts are subject to adjust with respect to cases comment 4,534,25\$ (secured)	ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) () street on 4/1/07 and every 3 years thereafter aced on or after the date of adjustment \$ 364534,25 (pnonty) (Total)
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) TOTAL AMOUNT OF CLAIM \$ 3 CH, 5 34 25 \$ 3 C AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to the principle of CREDITS. The amount of all payments on this claim has been credited an	services for personal family of Taxes or penalties owed to go Other Specify applicable para *Amounts are subject to adjust with respect to cases comments (4, 5 3 4, 2 5 \$ (secured) all amount of the claim. Attach ite	ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) () stiment on 41107 and every 3 years thereafter load on or after the date of adjustment \$ 364534,25 (pnonty) (Total) mized statement of all interest or additional charges naking this proof of claim
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Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) TOTAL AMOUNT OF CLAIM \$ 3 CH, 5 34 25 \$ 3 C AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to the principle of the properties of the course of supporting documents. Tunning accounts contracts court judgments mortgages, security agreemed DOCUMENTS If the documents are not available, explain If the documents.	services for personal family of Taxes or penalties owed to go Other Specify applicable para *Amounts are subject to adjust with respect to cases comments (\$4,534,25\$) (secured) all amount of the claim. Attach ited deducted for the purpose of musuch as promissory notes pure ints and evidence of perfection its are voluminous attach a sur	ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7) evernmental units 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) () estment on 4/1/07 and every 3 years thereafter load on or after the date of adjustment \$ 364534.25 (pnonty) (Total) mized statement of all interest or additional charges haking this proof of claim chase orders, invoices, itemized statements of of lien DO NOT SEND ORIGINAL mmary
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UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
			1	
Name of Debtor	Case Nu	ımber	1	
USA Commence Mont Grave Company	06-	10725 (LBK)		
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative examining after the commencement of the case. A request for payment		Check box if you are aware that anyone else has	İ	
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
GAIL HODES LIVING THUST delas 9110103		Check box if you have		
Clo GAIL R. Homes Thus The		never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM FOR A
16872 BARUWA LAWE		BMC Group in this case	1	REST IN A BORROWER THAT IS NOT
HUWTNOTON BENEH, SA 92649		Check box if this address differs from the address on the envelope sent to you by the	If you have air	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (1/4) 640-6636		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 3823	debtor	Check here replace or if this claim amen	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	T Wages	salaries and compensation (fill out below)	Other claims against service
Services performed Taxes	_	r digits of your SS#	•	(not for loan balances)
Money loaned	Unpaid	compensation for services pe	rformed from	to
	10.15.0	OUDT WIDOMENT DATE O	DTAINED	(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE C		he time case filed
See reverse side for important explanations	at 500t 4000	SECURED CLAIM	ant of the olam at t	no timo dado mod
UNSECURED NONPRIORITY CLAIM \$			our claim is secui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or by exceeds the value of the property securing it or if c) none or only part of y		a right of setoff)		,
entitled to priority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225 of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000) earned within 180 days	s _	services for personal family of	or household use 1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		*
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable para Amounts are subject to adjust		_ , , , ,
		with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ See ATTH CHAID \$ (unsecured)	(:	\$ secured)	(priority)	\$ See Armelly (Total)
Check this box if claim includes interest or other charges in addition to t	he principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre	dited and d	deducted for the purpose of m	naking this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the	agreement	ts and evidence of perfection	of lien DO NO	oices itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			,	envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals partnerships, governmental units)	n, prevailir corporatio	ng Pacific time, on November ons, joint ventures trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro Attn USA	OR OVERNIGHT DELIVERY TO up ACM Claims Docketing Cente it Franklin Avenue	' 	ED DEC 0 7 2006
El Segundo CA 90245 0911		do CA 90245		
DATE SIGN and puritithe name and title if any of the this claim (attach copy of power of attor			dec	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme		GHI 110	152 AND 3571	1072501573

Case 06-10725-gwz Doc 8347	-3 Ent	ered 05/09/11 15:2	7:14 Pag	e 7 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRC	OF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Capital	102760	mber OG-10725, 10727,10726,1072	1	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment	pense	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	UI all	filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address		statement giving particulars		
JOHN W BROUWERS MD SEP IRA	' 9	Check box if you have never received any notices		
2333 DOLPHIN CT HENDERSON NV 89074-5320		from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A
TIENDERGONNY 03074-0020		Check box if this address	ONE OF THE DE	STORS
20 dat 2001		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (/U) 0116 CSCV	dabtaa	court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	deptor	Check here replace of this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes	_	alaries, and compensation (finding displayed)	fill out below)	Other claims against services (not for loan balances)
Money loaned		ompensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED	3 IE C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b;) vour claim	421 \	our claim is secur	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of y entitled to priority	our claim is	a right of setoff)	anllatoral	
UNSECURED PRIORITY CLAIM		Brief description of Real Estate	_	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	1	Culei
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days	s L	Up to \$2 225* of deposits towa services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	<u> </u>	 Other Specify applicable para * Amounts are subject to adjust 	• .	
5 TOTAL AMOUNT OF CLAIM \$ \$	TONO	with respect to cases commen	ced on or after the	date of adjustment
AT TIME CASE FILED (unsecured)	(s	ecured) in levest of	Oppority)	Ψ(Total)
Check this box if claim includes interest or other charges in addition to t		1		f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre			-	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts, contracts court judgments, mortgages, security	agreements	s and evidence of perfection	of lien DO NO	orces, itemized statements of T SEND ORIGINAL
DOCUMENTS If the documents are not available, explain. If the 8 DATE-STAMPED COPY To receive an acknowledgment of the				Lanualana and sanu of this
proof of claim	ie imig or y	odi daliti ericlose a stamper	a sell-addressed	renvelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO		ILED OCT 3 0 2006
BMC Group Attn USACM Claims Dockeling Center	BMC Gro		"	the part of the
P O Box 911 El Segundo CA 90245-0911	1330 Eas	t Franklin Avenue do CA 90245	J	USA CMC
DATE SIGN and print the name and title if any of this claim (stigch copy of power of atto	the creditor or			1070500000
VICTOR Journes Journes	John.	W. Browners T	TEE	1012200000

United States Bankrupicy Court	District of Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage company	THOO! OF ODAM	
NOTH This form should not be used to make a claim for an administrative expense material to the case. A request for payment of an administrative expense material to the case.		
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Joy investment inc ,a Nevada Corporation Name and address where notices should be sent Joy investment inc	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case.	
8080 Harborview Road Blaine, WA 98230	Check box if the address differs from the address on the envelope sent to you by	
Telephone number (360)961-4463	the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces if this claim amends a previously filed	claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below) es performed
2 Date debt was incurred 01-01- 2004	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 909,470 Check this box if a) there is no collateral or lien securing you be by your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U S C \$ 507(a)(1)(A) (a)(1)(B). Wages salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debits usiness whichever is earlier - 11 U S C \$ 507(a)(4). Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim Check this box if your claim is a right of setoff) Brief Description of Collateral Real Estate Motor Ve Value of Collateral \$ unkn Amount of arrearage and other charge secured claim if any \$ 14,000 Up to \$2 225* of deposits toward purch or services for personal family or hous \$ 507(a)(7) Taxes or penalties owed to governmental or in 180 Other - Specify applicable paragraph of *Amounts are subject to adjustment on 4/1/0	chicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in ad	(unsecured) (secured) (pri	iority) (Total)
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain if the documents are voluments are not available explain if the document of the final addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of file this claim (attach copy of power of atto	n credited and deducted for the purpose of tents, such as promissory notes purchase acts court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the minous, attach a summary illing of your claim, enclose a stamped self-the creditor or other person authorized to	JAN 1 ± 2007
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or		USA CMC

UNITED STATES BANKRUPTCY COURT		ntered 05/09/11 15:	<u> </u>	96 20117 96 20117
DISTRICT OF NEVADA	רהנ	OOF OF CLAIM		AIM IS SCHEDULED AS
Name of Debtor	Coos N		Schedule/Claim II	
	Case Nu		Amount/Classifica	
USA Commercial Mortgage Company	06-107	'25-LBR	\$11 538 46 Unse	
NOTE Can Daywar (a) 1 (2)				36 Secured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	pense	Check box if you are	0-10/140	
lansing after the commencement of the case. A request, for navment	of an	aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address		filed a proof of claim relating to your claim Attach copy of		cted above constitute your claim as Debtor or pursuant to a filed claim!!
113212400	01113	statement giving particulars	you agree with the	amounts set forth herein and have no
JOYCE E SMITH TRUST DATED 11/3/99		Check box if you have never received any notices		t the Debtor you do not need to file EXCEPT as stated below
C/O JOYCE E SMITH TRUSTEE 3080 RED SPRINGS DR		from the bankruptcy court or		own above are listed as Contingent
LAS VEGAS NV 89135 1548		BMC Group in this case	Unliquidated or D	hisputed, a proof of claim must be
		Check box if this address differs from the address on the	If you have alr	eady filed a proof of claim with the
Creditor Telephone Number (162) 240-8007		envelope sent to you by the court		or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies	debtor			E IS FOR COURT USE ONLY
		Check here replain or amer	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation (Other claims against servicer
		r digits of your SS #		(not for loan balances)
Money loaned	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 11-21-13	3 15 0	OURT JUDGMENT, DATE O	DTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descrit	be your claim and state the amoun	nt of the claim at the	e time case filed
- 10 to to the side for important explanations		SECURED CLAIM		-
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)	our da		our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	r claim is	a right of setoff)		
UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority 46_		Value of Collateral	\$ 84.	2,14035
Amount entitled to priority \$ 11538.		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	سنبنو	secured claim if any		
Wages salaries or commissions (up to \$10,000)* earned within 100 down		Up to \$2 225 of deposits towa services for personal family o		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		* ''''
Contributions to an employee benefit plan 11 USC § 507(a)(5)		Other Specify applicable para		* ' ' ' '
		Amounts are subject to adjust with respect to cases commen-		
5 TOTAL AMOUNT OF CLAIM \$ 11,538.46 \$	842	140-36 \$	or untor tr/6 (\$ 853.678,°=
(unsecured)	(s	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree	dited and	deducted for the purpose of r	making this proof	of claim
J SUPPORTING DOCUMENTS Attach copies of supporting docu	iments si	ich as promissory notos nur	chaea ordore inv	nices itemized statements of
running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the contracts if the contracts are not available explain.	acreemen	in and evidence of hertection	noticen iiiiki	OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d self addresse	d envelope and copy of this
The original of this completed proof of claim form must be sen	it by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm	ı, prevailii	ng Pacific time, on Novemb	per 13, 2006	USE ONLY
for each person or entity (including individuals, partnerships, ogovernmental units)	corporation	ons, joint ventures, trusts a	ınd	TLED OCT 3 1 2006
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO up		ILLED OOI OI ST 5000
Attn USACM Claims Docketing Center P O Box 911	Attn USA	ACM Claims Docketing Cente	er	USA CMC
El Segundo CA 90245 0911		t Franklin Avenue do CA 90245		10795
DATE SIGN and print the name and title if any of the this claim (attach copy of power of aftorn	e creditor or			
111-28-06 1 1 1	iey II ariy)	trusta		
given to IXMI	ech.	vanle i		ł

		PRO	OF OF CLAIM		
Name of Data	taning the second of the secon	Coop Nor	whor		
Name of Debtor		Case Number 06-10725			
USA Commercial Mor	tgage Company	06-10	1725		
This form should not be used arising after the commencem	of Debtors and Case Numbers to make a claim for an administrative expent of the case A "request" for payment obe filed pursuant to 11 U S C § 503	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and	Address		statement giving particulars		
Dr. Gary L. Kantor c/o Michael M. Schma McGuireWoods LLP 77 W Wacker Drive, Chicago, IL 60601			Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DEI If you have aire	IS PROOF OF CLAIM FOR A IEST IN A BORROWER THAT IS NOT BTORS Bady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number	(312) 849-8100		court		E IS FOR COURT USE ONLY
	other number by which creditor identifies	debtor	Check here replace or if this claim amen	. a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes] Wages, s	alaries and compensation (•	Other claims against servicer (not for loan balances)
Money loaned	X Other (describe briefly) See Exhibit A		ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCUR	RED	3 IF CC	OURT JUDGMENT, DATE C	BTAINED	(oate) (oate)
	AIM Check the appropriate box or boxes that				he time case filed
See reverse side for important			SECURED CLAIM		
Check this box if a) there is exceeds the value of the pr	TY CLAIM \$ Unliquidated s no collateral or lien securing your claim or b) openty securing it or if c) none or only part of you	your claim our claim is	a right of setoff)		red by collateral (including
entitled to pnority UNSECURED PRIORITY CL	AIM		Brief description of		-
	an unsecured claim all or part of which is		Real Estate Value of Collateral		Other
Amount entitled to priority	\$		Amount of arrearage an	nd other charges	at time case filed included in
Specify the priority of the ci	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	П	Up to \$2 225 of deposits toward	ard nurchaea lease	or rental of property or
Wages salaries or commit before filing of the bankrup	ssions (up to \$10 000) earned within 180 days	, U	services for personal family of Taxes or penalties owed to go	or household use 1	1 U S C § 507(a)(7)
	eer 11 U S C § 507(a)(4) ee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable part * Amounts are subject to adjust	agraph of 11 U S C	§ 507(a) ()
			with respect to cases commer	nced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	4 Ollingardaced 4		 \$		\$ Unliquidated
1	(unsecured)	•	ecured)	(priority)	(Total)
Check this box if claim incl	udes interest or other charges in addition to the	he principal a	amount of the claim Attach ite	emized statement o	f all interest or additional charges
7 SUPPORTING DOCU	of all payments on this claim has been cre				
DOCUMENTS If the doc	MENTS Attach copies of supporting doctors, court judgments, mortgages security accuments are not available explain. If the copy To receive an acknowledgment of the	agreements documents	and evidence of perfection are voluminous attach a sui	of lien DO NO mmary	T SEND ORIGINAL
BOCUMENTS If the doc BOATE-STAMPED COP proof of claim The original of this com ACCEPTED) so that it is	cts, court judgments, mortgages security accuments are not available explain. If the copy To receive an acknowledgment of the pleted proof of claim form must be sens actually received on or before 5 00 pm	agreements documents a filing of you at by mail o a, prevailing	and evidence of perfection are voluminous attach a sui our claim enclose a stamped r hand delivered (FAXES N g Pacific time, on Novemb	of lien DO NO mmary d self-addressed NOT er 13, 2006	T SEND ORIGINAL envelope and copy of this THIS SPACE FOR COURT USE ONLY
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	46 A	PRO	OOF OF CLAIM		
Name of Debtor	and the state of t	Case Nu	ımber		
USA Commercial Mor	tgage Company	06	-10725		
This form should not be use arising after the commence	st of Debtors and Case Numbers Indicate to make a claim for an administrative exp Indicate the case A "request" for payment Indicate the best of the best of the case of th		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor an	d Address		your claim Attach copy of statement giving particulars		
Lynn M. Kantor f/k c/o Michael M. Sch McGuireWoods LLP 77 W. Wacker Drive Chicago, IL 60601	mahl, Suite 4100		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTEI ONE OF THE DE if you have air Bankruptcy Court	ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Numbe		dabba-	Court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account of	or other number by which creditor identifies	debtor	Check here replace or if this claim amen	a previously	y filed claim dated
1 BASIS FOR CLAIM		Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	Wages,	salanes and compensation (fill out below)	Other claims against servicer (not for loan balances)
Services performed	Taxes		digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly) See Exhibit A	Unpaid o	compensation for services pe	normed from	(date) (date)
2 DATE DEBT WAS INCU	RRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
	LAIM Check the appropriate box or boxes tha	t best descri	be your claim and state the amo	unt of the claim at t	the time case filed
See reverse side for importa UNSECURED NONPRIOR	TI-14444		SECURED CLAIM		
Check this box if a) there	is no collateral or lien securing your claim or b) property securing it or if c) none or only part of your		a right of setoff)		red by collateral (including
UNSECURED PRIORITY C	LAIM		Brief description of	-	~
1—	an unsecured claim all or part of which is		Real Estate		e Other
entitled to priority Amount entitled to priority	\$		Value of Collateral	-	
Specify the priority of the			secured claim if any		at time case filed included in
	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2 225* of deposits toward	ard nurchase lease	or rental of property or
Wages salaries or comm	nissions (up to \$10 000)* earned within 180 days		services for personal family of		
	ptcy petition or cessation of the debtor's rlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
I	yee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable para Amounts are subject to adjus		
			with respect to cases commen		
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	AIM \$ Unliquidated \$		\$		\$ Unliquidated
	(unsecured) cludes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	(priority) mized statement o	(Total) of all interest or additional charges
7 SUPPORTING DOCU running accounts, contra DOCUMENTS If the do 8 DATE-STAMPED CO proof of claim	of all payments on this claim has been created the state of the state	uments, suagreement documents e filing of y	ich as promissory notes, puro s and evidence of perfection are voluminous attach a sur our claim enclose a stamped	chase orders inv of lien DO NO mmary d self-addressed	roices itemized statements of IT SEND ORIGINAL I envelope and copy of this
The original of this cor ACCEPTED) so that it i for each person or enti governmental units) BY MAIL TO BMC Group	npleted proof of claim form must be sen s actually received on or before 5 00 pm ty (including individuals, partnerships, o		OR OVERNIGHT DELIVERY TO		THIS SPACE FOR COURT JAN 18502007
Attn USACM Claims Do P O Box 911	cketing Center		.CM Claims Docketing Cente t Franklin Avenue	FILE	D JAN 1 3 2007
El Segundo, CA 90245-0		El Seguno	io CA 90245	1 11.1	
1/12/07	SIGN and print the name and title if any of the this claim (attach copy of newer of attor) Lynn M Kantor, f/k/a Lynn M	ney if any)	rs	ahl, Esa	USA CMC 1072502312